

# The Department of Mental Health

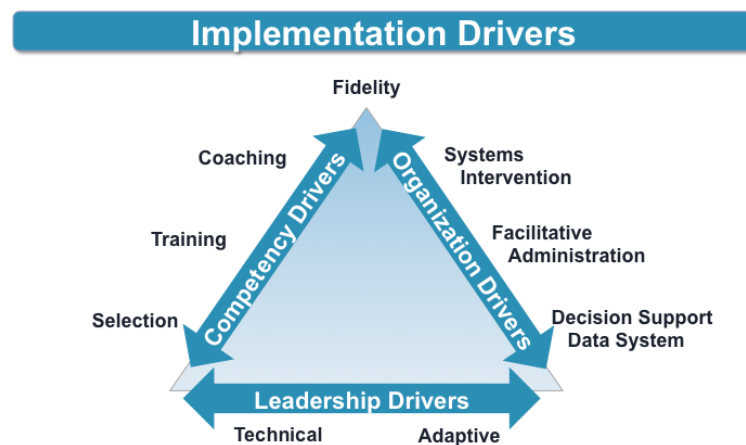
## Reframe the Age:

### Enhancing Practice to Support the Success of Young Adults

#### Implementation Activities

DMH is launching an ambitious effort to formally modify its service system statewide in order to align with best practice and research evidence for working with young adults. This practice evolution is informed by DMH's long history in supporting young adults, including through its TAY Initiative, investment in Young Adult Peer Mentors, the PREP Program, the STAY grant, the Northeast Area Office's YouForward, and the new TSAI grant. All of these initiatives share a commitment to engaging and empowering young adults in developing their own positive vision for their future and identifying the services and supports for achieving their goals. The practice and programmatic changes are described in a separate document, **Enhancing Practice to Support the Success of Young Adults**.

This document describes the activities and supports that will be used to implement the practice framework. These activities and supports are organized by "implementation drivers." The new practice will take time to fully achieve; it will not exist in its full form on day one (July 1). Our commitment is to "get started and get better" while we collectively work to achieve our vision.



#### COMPETENCY DRIVERS

These are activities that help develop, improve, and sustain the ability of individuals to practice an intervention with fidelity and benefits to young adults.

The Workgroup explored different approaches to staffing the service authorization and case management functions. Specifically, it explored the benefits and challenges of using generalists or TAY specialists in these functions. Each Area has decision-making discretion to choose an approach, which could evolve over time based on emerging lessons.

### **Service Authorization**

The service authorization function will be conducted by the same generalist staff that currently do this work in the CYF Division and Adult Services. They will work together to blend their CYF and Adult expertise in a manner that best meets the needs of young adults.

A common approach will be to use a team of CYF and Adult CSAS staff to sort and assign applications. Applications will be assigned based on the type of expertise needed to work with that young adult. As CYF and Adult CSAS and Needs & Means staff work together as a team to determine how best to complete the authorization process for a young adult, they will develop shared knowledge and skill in making a clinical assessment as well as determining needs and means.

A TAY specialist could be designated at Service Authorization to sort applications to the right staff. The Northeast Area has considered such an approach, in which this person would be the first point of contact with the young adult, start the application process, and determine which staff to pull together to be on the team needed to complete the authorization process. Whether or not this approach has merit, it cannot be implemented within the current staffing levels.

A variation on the idea of expert staff is the use of a youth peer navigator or a parent navigator. The Central Area is experimenting with using peers to engage and support young adults and/or their families during the service authorization process.

### **Case Managers**

Case management is a function more suited to a specialty practice, although there is not a consensus in the Workgroup. The Workgroup discussed numerous factors, including how best to shift office practice and culture and how to support a specialty position. The Northeast and Central Areas already have TAY case managers in Adult Services and intend to maintain these positions. The Southeast Area is establishing new TAY case manager positions. The Boston and West Area have a strong preference for generalist case managers.

The Workgroup discussed whether it is reasonable to assign to a TAY case manager a caseload with only young adults, given the level of effort required. A TAY case manager might, then, have a blended caseload. In addition, depending on the numbers of young

adults being served in an Office, there might be non-TAY case managers also assigned young adult cases. Areas that use TAY case managers view them as practice coaches / consultants to their colleagues. Sharing expertise helps protect against siloing the specialist case managers, which was one of the Workgroup's concerns.

Regardless of the model, there are "hard to teach traits" that should be assessed when designating / hiring staff to work with young adults. By "hard to teach traits" we mean those qualities that are important to the work that cannot be taught easily. These traits include a passion for connecting and working with young adults and clinical acumen regarding young adults. Areas designating TAY case managers look for these qualities when selecting staff. Staff with these qualities in Areas without a TAY case management specialty tend to have more young adults in their caseload by virtue of their interest and skill.

In addition to DMH staff, young adult peers could play a critical role in helping young adults enter DMH, get to know DMH and its offerings, and become and stay engaged in services. This role is different from the mentoring role currently played by young adult peers. It is not intended to replace any current roles / functions, but rather to provide another way of using peers to engage young adults. Similarly, parent peers could provide support and mentoring to parents / family members who are supporting their over-18 young adult.

### ◆ Staff Selection

Staff selection is the beginning point for building a workforce that has the knowledge, skills, and abilities to carry out the work as envisioned. The activities in this document focus on current DMH staff. However, Workgroup members know that the process for hiring new staff (e.g., position descriptions, interview questions) will need to change to reflect the YA practice framework.

### ◆ Training

The core practice elements described in the previous section are not new; they are enhanced practices for working with young adults. Modifying these current practices will require more nuanced changes than implementing an entirely new practice intervention. Therefore, training will be a combination of statewide and local, formal and informal. The statewide training planned includes:

1. An on-line toolkit for Service Authorization and Case Management staff. The toolkit will include a collection of relevant existing and newly developed resources. Central

Office staff will be responsible for curating and developing new resources over time, in response to needs identified by the implementation workgroup or through new research.

2. Integrate young adult examples into ongoing training offered by the Training Division. For example, the Department is already committed to *Motivational Interviewing*, a particularly important and relevant evidence-based practice. In addition, the Training Division is developing training on Behavioral Health Community Partners, a critical component of the service array for young adults.

### ◆ Coaching

As noted above, TAY case managers will act as practice coaches to case managers who work with young adults but not exclusively or primarily. Areas will need to ensure that their TAY case managers are highly knowledgeable and competent in their practice as well as supported in playing this additional role.

The Workgroup will continue to meet as a Steering Committee in order to guide the practice framework implementation. This will provide a forum for peer-to-peer mutual problem solving and support. At some point, the Workgroup will enhance its use of self-identified, self-reported information by examining quantitative data, observation data, and consumer feedback.

## ORGANIZATIONAL DRIVERS

These are activities and mechanisms that create and sustain organizational and systems environments that enable the new, enhanced practice to take effect.

### ◆ Decision-Support Data System

The Workgroup's commitment to "getting started and getting better" requires that DMH collect, organize, and use data to guide decisions, consistent with the spirit and principles of continuous quality improvement. The Workgroup will regularly review and discuss quantitative data, observation data, consumer feedback, and other empirical data.

The Workgroup discussed ways to monitor the implementation process of the YA Age Reframe using MHIS data that Areas and Sites use to manage their service authorization and case management work. The Workgroup also brainstormed new data fields that would be useful to include in MHIS (or in another IS) for implementation monitoring. Recommendations for data /reports that the Workgroup believes would be useful were shared with DMH managers responsible for reporting and quality management.

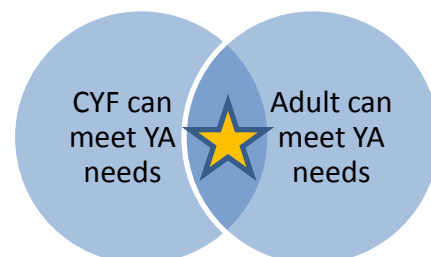
### ◆ Facilitative Administration

DMH's administrative policies and procedures must be aligned in order to facilitate the new YA practice framework. This alignment must occur across all organizational levels, e.g., site, area, and state offices, as well as across all connected program areas.

- The successful implementation of the YA Practice Framework rests on the foundation of improved engagement and a sense of shared ownership among CYF and Adult staff. Holding regular, purposeful meetings at Area and Site offices will facilitate building a new collaborative practice. There are 3 tiers/ levels of meetings, with distinct purposes, recommended for consistent implementation.

Case specific	<ul style="list-style-type: none"> <li>• Area-level</li> <li>• To review cases that do not fall clearly into CYF or Adult, determine the best plan drawing on resources from both divisions</li> <li>• Can occur during service authorization process and/or during Service Planning/Provision</li> <li>• Explicit criteria for identifying cases, which could include: <ul style="list-style-type: none"> <li>○ Young adults over age 19 needing residential placement</li> <li>○ Transition into Adult-only services</li> <li>○ Addressing barriers to timely and successful service completion</li> </ul> </li> </ul>
Caseload / grand rounds	<ul style="list-style-type: none"> <li>• Convened by a manager at the Area level</li> <li>• To review the status and expected next steps for a specified group of young adults, which could be: <ul style="list-style-type: none"> <li>○ Pending in the SA process</li> <li>○ Approaching their 22<sup>nd</sup> birthday</li> </ul> </li> <li>• Monthly</li> </ul>
Practice (not related to a case /cases)	<ul style="list-style-type: none"> <li>• A learning community approach / forum to explore specific components of YA practice.</li> <li>• Could be Area-wide and/or Statewide</li> <li>• At a minimum, annually</li> </ul>

The cases that would be discussed in the first two meetings are those that cannot be clearly served in the CYF or Adult division only. They are the young adults whose needs span the knowledge and resources held in both CYF and Adult. At this point, the relative size of this group is unknown.



Current practice varies, but in general these meetings tend to occur to address the needs of young adults that enter DMH through the CYF division. CYF staff are identifying young adults whose needs they believe require support from Adult services. In the future, the Adult division will also identify young adults who would benefit from CYF expertise and/or resources.

- This YA practice framework calls for DMH staff to meet young adults at times and places that will encourage engagement the most. Requiring the workforce to be mobile requires that DMH provide mobile telecommunications capacity. The only mobile capacity now is through the use of personal cell phones. DMH should provide its staff with cell phones. It should also provide guidance for communicating with young adults via texting, mindful that texts are not HIPPA compliant, not secure, and pose challenges for managing professional /personal boundaries. On a related telecommunications note, staff must be able to make long distance phone calls using office landlines since families' cell phone numbers are often long distance calls. This function is not currently supported in Areas and Site offices.
- Develop a consistent approach to keeping and managing waitlists, using MHIS's functionality. CYF has begun using the waitlist function to track waitlists for case management services. Some Adult Areas/ Sites use the waitlist function. Moving consumers off waitlist into services is never done on a "first come, first served" basis. Areas examine a range of factors, including clinical risk, housing status, services already in place. Prioritizing YA referrals within this practice will take shared decision-making across the CYF and Adult divisions. Frequent review of waitlists and updating consumer information in order to use current need to make referral determinations will be important.
- There are ten template letters available for the service authorization function, from application receipt to decision. The CSAS group is currently reviewing and revising them to ensure that they align with this Practice Framework.
- The Workgroup determined that clinical guidance written by the Area Medical Directors is not needed at this time. In the past, clinical guidance has been written to help staff translate the regulations. The revised regulations were written to incorporate the type of guidance previously provided in a separate document. As the Workgroup and others monitor the regulation and Practice Framework implementation, they might identify an issue that requires clinical guidance and, if so, will forward that to the AMDs.

#### ◆ Systems Interventions

Systems interventions are strategies used to engage external stakeholders (organizations and individuals) in supporting the full implementation of the innovation / new practice.

Key stakeholders include EOHHS agencies, service delivery partners and colleagues, and advocates.

- RFRs for services in both CYF (e.g. Flex) and Adult (e.g., ACCS) will reflect the revised regulations. However, the age ranges in existing contracts established before the regulations will remain in place. The licensing standards for congregate care (e.g. residential, group homes) remain the same; they will not change to reflect DMH's revised service regulations.
- All contracted service providers working with young adults must be or become knowledgeable and skilled in engaging them in a meaningful way. Much of the YA Practice Framework applies beyond the specific descriptions of DMH's work to the general practice of service providers.
- Central Office leaders will reach out to sister EOHHS agencies that are or might become a significant source of referrals, namely DCF and DDS. Both DCF and DDS must be educated about the scope (and its limits) of DMH's criteria for services. One Area-level strategy is to establish a pro-active, regular conversation to allow DCF to identify young adults who it believes might benefit from DMH services after leaving DCF care. This allows DMH to anticipate and plan how best to support these young adults.

#### ◆ Fidelity Assessment

Fidelity assessment will examine the actual use of this new way of working with young adults (e.g., "did it happen as designed or intended"). The Workgroup (or a subcommittee) will develop a standard tool and process to examine the extent to which practice is happening as intended. The results of fidelity reviews will be used to identify implementation supports / strategies that need to be developed or strengthened. This work will be done in conjunction with the Data Decision Supports work. To date, the following components of fidelity assessment have been proposed: follow up calls to consumers, short-term indicators of fidelity to practices, and cross-site, cross-Area teams to observe each other in order to provide coaching feedback.

### LEADERSHIP DRIVERS

The DMH leadership team has established a vision and created a sense of urgency about the implementation of the revised regulations and the enhanced practice with young adults. Successful implementation of the YA Practice Framework is a commitment and responsibility shared across all levels of the Department. The Steering Committee will continue to look to the leadership team to exercise technical leadership by addressing problems about which there is (or can be) agreement and some certainty about the solution, e.g., providing mobile telecommunications. More importantly, the Leadership

Team will also exercise adaptive leadership by addressing challenges that are not clear, are rooted in the need for behavior change, and have elusive solutions, e.g., creating an agency-wide culture that respects and responds to the unique needs of young adults.